

Minnesota Board of Nursing DATA REQUEST FORM

Date of Request: _____

I am requesting access to data in the following way:

☐ Inspection ☐ Copies ☐ Both (Inspection and Copies)

NOTE: Inspection is free, but charges may be incurred for copies.

Please describe the data you are requesting as specifically as possible. (If you need more space, please use the back of this form.):

☐ I am requesting data about myself. (If you check this selection, you must submit proof of identity, such as a driver's license or passport.)

☐ I am requesting data about my minor children or about someone for whom I have been appointed legal guardian. (If you check this selection, you must submit proof of identity and that you are the subject's parent or legal guardian.)

☐ I am requesting data that is not about me. (Contact information is not required, but it will help us respond to your request.)

Contact Information:

Data subject name: _____ Requestor's Signature: _____

Parent/Guardian name (if applicable): _____

Requestor's Address: _____

Phone number: _____ Email address: _____

Staff Verification

Identification provided: _____

Return this form to:

Minnesota Board of Nursing
2829 University Avenue SE, Suite 200
Minneapolis, MN 55414

Fax: (612)617-2190
Email: nursing.board@state.mn.us

Initial Approval: 7/11/2016